

FY _____

Amendment #, If Applicable:

If Federal Funds, CFDA #:

PURCHASE OF SERVICE - ATTACHMENT 1: PROGRAM COVER PAGE**PROGRAM INFORMATION**

Contractor Name:	Department Name:
Program Type:	Document ID #:
Program Name:	UFR Program #:
Program Address:	MMARS Program Code:
City/State/Zip:	Other Reference Information (Information Purposes Only):
Contact Person:	Contact Person:
Telephone:	Telephone:
RFR INFORMATION: Attached RFR Reference # _____ legislative exemption emergency collective purchase interim amendment	
SCOPE OF SERVICES: Bidders Response Attached Description of Services Attached	
TOTAL ANTICIPATED CONTRACT DURATION: _____ to _____	
INITIAL DURATION: _____ to _____	
OPTIONS TO RENEW: _____ options to renew for _____ years each option	

FISCAL TERMS

	FUNDING SUMMARY					
	Prior Years		Current Year		Future Years	
	FY	Amount	FY	Amount	FY	Amount
PRICE IS ESTABLISHED THROUGH: (CHECK 1,2, OR 3)						
OPTION 1: PRICE AGREEMENT (list price) \$ _____ rate regulation (if any) _____						
OPTION 2: SUMMARY BUDGET (* lines only) unit rate cost reimbursement other _____						
OPTION 3: COMPLETE BUDGET cost reimbursement unit rate other _____						
	Total: \$		Total: \$		Total: \$	
	Multi-Year Total:					\$
CURRENT MAX OBLIGATION: \$ _____ UNIT RATE: \$ _____ per _____ # BILLABLE UNITS: _____						
ADDITIONAL PAYMENT OR PRICE SPECIFICATIONS:						